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EAST SUSSEX COUNTY COUNCIL  
AUTHORITY

Hove & Portslade Divisional Executive

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REPORT

on the

Health of the School Children

DURING THE YEAR

1958

by

N. E. CHADWICK, M.A., M.D., D.P.H.

*Divisional School Medical Officer,*

TOWN HALL ANNEXE, HOVE.



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HOVE:

The Hove Shirley Press Ltd.  
45-47 Shirley Street—A29052

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MR. CHAIRMAN, LADIES AND GENTLEMEN,

My report for 1958 coincides with the 50th anniversary of the establishment of the School Health Service for it was in 1908 that following on the report of the Inter-departmental Committee on Physical Deterioration the Education Act of 1907 gave to local Education Committees the duty of providing for the medical examination of all children attending public elementary schools. In the Circular accompanying the Act the Board of Education laid down that this work of medical inspection should be carried out under the direct supervision of the Medical Officer of Health and it was in accordance with this principle that the service was first organised in Hove, my predecessor being responsible for the general organisation and administration and the late Dr. L. A. Parry being appointed to carry out the actual inspections. However, within a few years the services were separated and the Education Committee maintained its own distinct organisation until 1940 when I was asked to take it over and it has remained a combined service ever since. The fact that most Authorities by now employ the same system is I suggest good evidence for its administrative advantages and users' convenience. Unfortunately in those early days no statistics were called for centrally and, therefore, I am unable to make a direct comparison between the findings of the first medical examinations 50 years ago and those of today, but I have been fortunate to find in the minutes of the old Hove Education Committee Dr. Parry's first report on the results of his initial examination of 700 children. He comments that 50% of them had defective



teeth—"many very bad—some having 14 teeth defective"—14% had defective vision and 20% enlarged tonsils and adenoids. Although the Act had prescribed for examination of the children it made no provision for the treatment of the defects discovered. Parents had to pay for it themselves or depend upon some voluntary or charitable source to assist them. Dr. Parry recognised the futility of this omission and recommended that arrangements should be made with the Eye, Ear, Nose and Throat Hospitals and the Dental department of the Hove Hospital for the treatment of these major defects.

Head inspections and inspections for cleanliness were presumably not catered for in 1908, at any rate I can find no reference to them, but I was very interested to read that ringworm of the head was a most serious problem. Dr. Parry estimated that there were at least 200 children affected in the Hove schools and in as much as a cure usually took 2 years—this was before the general employment of X-Ray therapy for depilation of the hair—the loss of educational time was most serious and he advocated the formation of special classes which these children could attend without fear of spreading the infection. In view of the modern development of the school meals service it is perhaps illuminating to note that Dr. Parry saw no necessity for the adoption of the Education Provision of Meals Act which gave authorities the power to provide meals for children if they were unable to take full advantage of the education available owing to lack of food. This necessary link between education and malnutrition which remained the guiding principle until the war made the provision of an efficient service virtually impossible and the substitution of the present system of school dinners as an integral part of the school curriculum open to all is certainly more in keeping with the modern ideas of prevention rather than cure.

It is unfortunate that records are not available to allow a direct comparison between 1908-1958 but a perusal of the tables in the present report will serve to show some of the many developments which have taken place in these fifty years, all designed to allow the individual child to take full advantage of the education provided.

### **General Conditions of the Children.**

The Ministry of Education has this year introduced a new table set out on page 8 which analysis the physical condition of the child according to the year in which he was born. Unfortunately in this area owing to the very wide difference in the numbers examined in any one year it is not possible to draw any very definite conclusions as to the relative incidence of malnutrition and subnormal physique in the various age groups. For instance of those born in 1948 7.70% were noted as unsatisfactory—a high proportion until one appreciates that only 13 children were examined and only 1 was recorded as unsatisfactory. However, what I think is more significant is that taking all ages into account only 38 out of 320 were noted as unsatisfactory—1.19%.

In the same way an attempt has been made in the table on page 911 to correlate the defects discovered in the age groups concerned, but as would be anticipated the correlation lies more in the spacing of the medical inspections. 287 defects were discovered amongst those born in 1947—this however coincides with routine medical inspections held at the ages of 10-11. What is somewhat disconcerting is to find that it was amongst those born in 1943 and earlier, i.e. 15 and over—that the largest number of visual defects were discovered. This includes most of the leavers in the secondary modern schools and a smaller proportion in the grammar school. The secondary modern child has only one medical examination after he enters the school, i.e. at 14+, when he is in his last year, the grammar school child is more fortunate he has 3 if he stays there long enough. I believe myself that it might be an advantage to postpone the present medical examination which now takes place at about 10+ in the junior schools until 12 and make it the entrance examination in the secondary modern school just as in the grammar schools. We might in that way pick up some of these visual defects which hitherto elude us until the pupil is on the point of leaving and at the same time we should shorten the present gap between the 10+ and the 14+ medical examinations where certainly many of these visual defects show themselves. On the other hand it would lengthen by a year the period between the first examination at 5 and 6 or so and 10+ and in that way we should miss some of the defects which show themselves at an earlier age. So far as defects of vision are concerned, we have added 2 sight testing special inspections by the Health Visitors at 7+ in the Junior and 13+ in the Secondary Modern Schools.

A general review of the defects discovered at the various routine medical examinations shows that defects of vision far exceed any others, but even so only 50% of those referred to the School Ophthalmic Surgeon actually needed glasses. Defects of posture and feet requiring in the main remedial exercises are the next highest followed by skin diseases and speech abnormalities.

### **School Dental Service.**

There was some diminution, some 250, in the total number of dental inspections made by the Authority's Dental Officers, but this is accounted for in the main by the omission of any special survey similar to the one carried out in 1957. Some 70% were found to be in need of treatment and these were offered it. One can but be optimistic about the results this treatment offered and provided by the School Dental Service in the sense that eventually it must have some effect on the state of the Nation's teeth, but progress is slow and as the Chief Medical Officer of the Ministry of Education says "education of the public in common sense dental health measures is most important." The indications are that the amount of dental decay among school children is greater now than in 1953, for which increased consumption of sweets since rationing was removed is probably responsible. For the rest the figures show a reduction in the number of children actually treated, the number of attendances, fillings both permanent and temporary and the number of teeth filled. The total of extractions remained on the same level as in 1957.



## **Visual Defects.**

As usual defects of vision form the greatest proportion of all abnormalities discovered either at medical or special inspections and in 1958 there were 450 children mainly in the middle age groups who were referred for specialist's opinion. Some 400 actually attended of which approximately 50% had glasses prescribed. There were nearly 40 cases of squint discovered—3 amongst the leavers—and 15 in the junior age groups much too late for effective treatment to be provided.

The Ophthalmic Consultant suggested that it was important to have a further screening of older children in the secondary modern schools because there are some children whose defects do not reveal themselves until relatively late in school life and would thus escape detection if reliance were placed on the routine leaving examination. It was, therefore, arranged that the Health Visitor should attend at these schools once a year for this purpose.

## **Speech Therapy.**

As mentioned in last year's report sanction for the appointment of a full time Speech Therapist was only received on April 1st, 1958, and as the result from that date the number of sessions was doubled and it was possible to provide treatment at all the 3 clinics in the area and to the Downs Special School. It is noteworthy that of the 40 who completed their treatment during the year only 2 were discharged as not improved.

At a meeting in November the Special Services Sub-Committee approved the purchase of a tape recorder with loud speaker in order to improve the facilities for treatment. This instrument has two main advantages. It enables the subject to hear his own voice with all its defects and it allows the therapist to keep a permanent record of the pupil's progress instead of having to depend upon her recollection.

## **Child Guidance Clinic.**

Both the numbers dealt with and the type of problem or disorder remain very much the same—the former being limited by the availability of the staff and the defects of the present accommodation. So far as the latter is concerned a site has been found and the County Architect has been able to design a building suitable for the requirements of the staff. If this plan comes to fruition it will lead to much closer inter-relation of the Child Guidance and other sections of the School Health Service.

The table on page 16 sets out in detail the modes of reference, the type of problem and the method of treatment of all cases referred to the Hove Clinic during 1958.

## **Educationally Subnormal Children.**

At their January meeting the County Education Authority asked for a more precise definition of an educationally subnormal child in respect of its eligibility for admission to a special school and it was

agreed that the normal criterion should be the attainment of a mental age of 5 subject to other over-riding considerations in individual cases. At a later meeting the same Committee defined its policy for dealing with this class of child and recommended that it should be by way of the provision of special classes in the primary and secondary modern schools. They thus accepted the view of the Ministry of Education, with which I am in full agreement and in fact have indicated in previous annual reports that the proper place for the educationally subnormal child is with his fellows in the ordinary school and the special school places should be reserved for those of low levels of intelligence with special behaviour or emotional problems. "Admission of these seriously retarded children to a special school provide their only opportunity of making progress" says the Chief Medical Officer in his annual report for 1957 and in the selection of children to fill vacancies at the Downs Special School this has been very much kept in mind. This school continues to progress despite its very great handicap of inadequate accommodation which precludes the proper grouping of the children and it is, therefore, satisfactory that the building of a new special school in the Portslade area is scheduled for the 1959-60 programme.

In residential schools	..	..	..	..	..	5
Attending day Special Schools	..	..	..	..	..	50
Recommended for special school education but for various reasons not placed	..	..	..	..	..	12
Recommended for special educational treatment in the ordinary school	..	..	..	..	..	78

### Physically Handicapped Children.

The total number in the Division is as follows :—

Blind and Partially-Sighted Pupils	4 boys and 1 girl— All in special schools
Deaf and Partially-Deaf Pupils	7 boys and 5 girls— All in special schools
Epileptics	1 boy— In a special school
Physically Handicapped Pupils	In Special Schools : 4 boys and 1 girl At Ordinary Schools : 3 boys and 2 girls Home Tuition : 3 boys and 1 girl

### B.C.G.

The scheme for offering this form of protection against Tuberculosis was continued on the same lines as in the first experiment in 1957, and the number of acceptances were somewhat better than in the last year. Nevertheless it must be admitted that the public interest is centred more on Poliomyelitis vaccination and the school



leaving group is a particularly difficult one to persuade to accept this or any other form of preventive treatment. The 45 children who were found to be Mantoux positive, i.e. showing evidence of infection at some time with the Tubercle Bacillus without overt development of the actual disease, were all X-rayed when the Mass Radiography Unit visited Hove in April but no active cases were discovered.

It has been anticipated that following the initial attack of Asian influenza in September and October 1957 which affected the children in all schools there would be a second wave in the following January or February but this did not in fact happen and the year 1958 was noteworthy for the absence of major infections. In the whole area there were only 9 cases of Poliomyelitis—2 paralytic, 7 non-paralytic—and of this total 6 were in children of school age or under—all non-paralytic. 3 of these non-paralytic were in children who had been vaccinated during the year with Salk vaccine. This does not mean that the vaccine had failed—it has never been claimed that it would protect against non-paralytic Poliomyelitis and it may be that because of this prior vaccination they escaped a major attack with accompanying paralysis.

#### **B.C.G. Vaccination 1958.**

No. Tested	..	..	..	532
No. Mantoux Positive	..	..	..	45
No. Mantoux Negative	..	..	..	468
No. Vaccinated with B.C.G.	..	..	..	466
No. Absent or refused B.C.G.	..	..	..	21

#### **Miscellaneous Matters—General Administration.**

A number of matters of interest appeared on the agenda of the Special Services Sub-Committee during the year. Plans for the utilisation of the basement at Davigdor Road School now that the project for reviving the swimming bath has been finally abandoned were approved including the conversion of the bath itself into a recreation and dining room, the boiler room into a serving room and one of the other rooms into an infants' dining room.

The Food Hygiene Regulations apply equally to school canteens as to restaurants and catering establishments and the Chief Public Health Inspector of Hove made a special survey of all these in his area. With the exception of two in which major improvements of the premises had already been approved but not yet carried out, only minor alterations and additions were considered necessary and the Inspector commented on the very high standard of cleanliness found in the kitchens and food stores at the Stapley Road centre kitchen and the schools where meals are prepared and cooked.

I cannot conclude this report without recording my thanks to all my staff connected with the School Health Service and particularly to Dr. Martin who has continued to be responsible for much of the administration and to Mr. Stearman and to my colleagues in the

administration and to Mr. Stearman and to my colleagues in the County, Dr. Langford, the Principal School Medical Officer, and Mr. Jenkins, the County Dental Officer, and to the Special Services Sub-Committee who have always seconded my efforts to fill in the gaps and improve the facilities.

I have the honour to be,

Your obedient servant,

N. E. CHADWICK,

*Divisional School Medical Officer.*

PART I.

TABLE A.  
PERIODIC MEDICAL INSPECTIONS.

Age Groups Inspected (By year of Birth)	No. of Pupils Insp'ed	Physical Condition of Pupils Inspected			
		Satisfactory No.	% of Col. 2	Unsatisfactory No.	% of Col 2
(1)	(2)	(3)	(4)	(5)	(6)
1954 and later					
1953	302	298	98.67	4	1.33
1952	482	477	98.89	5	1.11
1951	53	51	96.22	2	3.78
1950	20	20	100	—	—
1949	17	17	100	—	—
1948	13	12	92.30	1	7.70
1947	1119	1101	98.39	18	1.61
1946	88	88	100	—	—
1945	28	27	96.42	1	3.58
1944	160	160	100	—	—
1943 and earlier	931	924	99.24	7	.76
TOTAL	3213	3175	98.81	38	1.19



**TABLE C.**  
**OTHER INSPECTIONS.**

Number of Special Inspections	..	..	239
Number of Re-Inspections	..	..	826
			<hr/>
Total	..	..	1065
			<hr/>

**TABLE D.**  
**INFESTATION WITH VERMIN.**

(a)	Total number of individual examinations of pupils in schools by school nurses or other authorised persons	..	..	..	..	14504
(b)	Total number of <i>individual</i> pupils found to be infested	..	..	..	..	40
(c)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2) Education Act 1944)	..	..	..	..	40
(d)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3) Education Act 1944)	..	..	..	..	1

TABLE B.

**PUPILS FOUND TO REQUIRE TREATMENT AT PERIODIC  
MEDICAL INSPECTIONS.**

(Excluding Dental Diseases and Infestation with Vermin)

Age Groups Inspected (By year of birth)	For defective vision (excluding squint)	For any of the other conditions recorded in Part II	Total Individual Pupils
(1)	(2)	(3)	(4)
1954 and later			
1953	1	37	38
1952	5	66	71
1951	3	8	9
1950	2	4	6
1949	2	2	4
1948	3	1	4
1947	194	112	287
1946	16	16	29
1945	3	8	10
1944	34	41	65
1943 and earlier	188	80	251
TOTAL	451	375	774

## PART II.

TABLE A.

DEFECTS FOUND BY MEDICAL INSPECTION  
DURING THE YEAR

## A. PERIODIC INSPECTIONS.

Defect Code No.	Defect or Disease	PERIODIC INSPECTIONS							
		Entrants		Leavers		Others		Total	
		(T)	(O)	(T)	(O)	(T)	(O)	(T)	(O)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	( )	(10)
4	Skin .. ..	11	9	15	5	43	7	69	21
5	Eyes—								
	(a) Vision ..	13	—	138	5	300	14	451	19
	(b) Squint ..	20	1	3	—	15	1	38	2
	(c) Other ..	6	—	2	—	3	3	11	3
6	Ears—								
	(a) Hearing ..	3	3	3	2	1	3	7	8
	(b) Otitis Media ..	1	—	—	—	3	—	4	—
	(c) Other ..	—	1	—	—	—	—	—	1
7	Nose and Throat ..	12	34	1	2	6	20	19	56
8	Speech .. ..	17	2	2	—	13	1	32	3
9	Lymphatic Glands	—	17	—	—	—	10	—	27
10	Heart .. ..	—	5	4	4	5	10	9	19
11	Lungs .. ..	11	13	2	6	3	18	16	37
12	Developmental—								
	(a) Hernia ..	1	2	—	—	—	—	1	2
	(b) Other ..	4	5	—	2	4	9	8	16
13	Orthopaedic—								
	(a) Posture ..	—	1	1	4	35	12	36	17
	(b) Feet ..	14	5	3	5	47	10	64	20
	(c) Other ..	17	7	11	3	32	25	60	35
14	Nervous System—								
	(a) Epilepsy ..	1	—	2	—	1	1	4	1
	(b) Other ..	1	7	2	1	1	4	4	12
15	Psychological—								
	(a) Development	1	2	1	4	—	1	2	7
	(b) Stability ..	3	4	—	2	2	8	5	14
16	Abdomen .. ..	1	1	—	1	2	6	3	8
17	Other .. ..	—	—	1	—	1	3	2	3



**TABLE B.**  
**SPECIAL INSPECTIONS.**

Defect Code No.	Defect or Disease	Special Inspections	
		Requiring Treatment	Requiring Observation
(1)	(2)	(3)	(4)
4	Skin .. ..	4	3
5	Eyes—		
	(a) Vision .. ..	80	7
	(b) Squint .. ..	30	—
	(c) Other .. ..	1	4
6	Ears—		
	(a) Hearing .. ..	4	3
	(b) Otitis Media .. ..	—	—
	(c) Other .. ..	—	—
7	Nose and Throat .. ..	2	8
8	Speech .. ..	4	—
9	Lymphatic Glands .. ..	—	—
10	Heart .. ..	—	1
11	Lungs .. ..	2	2
12	Developmental—		
	(a) Hernia .. ..	—	—
	(b) Other .. ..	1	1
13	Orthopaedic—		
	(a) Posture .. ..	—	—
	(b) Feet .. ..	2	2
	(c) Other .. ..	1	2
14	Nervous System—		
	(a) Epilepsy .. ..	1	—
	(b) Other .. ..	1	2
15	Psychological—		
	(a) Developmental .. ..	10	10
	(b) Stability .. ..	9	36
16	Abdomen .. ..	—	1
17	Other .. ..	2	5

TABLE A.

PART III. EYE DISEASES, DEFECTIVE VISION AND  
SQUINT.

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint .. ..	13
Errors of Refraction (including squint)	380
Total ..	393
Number of pupils for whom spectacles were Prescribed .. ..	198

TABLE D.

## DISEASES OF THE SKIN

(Excluding Uncleanliness for which see Table D of Part I)

	Number of cases known to have been treated
Ringworm (i) Scalp .. ..	—
(ii) Body .. ..	2
Scabies .. ..	—
Impetigo .. ..	—
Other skin diseases .. ..	71
Total ..	73

**TABLE F. SPEECH THERAPY.**

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Number of pupils treated by Speech Therapists under arrangements made by the Authority .. ..	121
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**TABLE G. OTHER TREATMENT GIVEN.**

(a) Pupils with Minor Ailments .. ..	—
(b) Pupils who received convalescent treatment under School Health Service arrangements .. ..	—
(c) Pupils who received B.C.G. vaccination ..	560
(d) Other than (a), (b) and (c) above .. ..	—
<hr/>	
Total ..	560
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## HOVE CHILD GUIDANCE CLINIC, 1958.

During the year 47 Hove and Portslade children were referred to the Clinic as follows :

### Referred by—

Assistant School Medical Officers	..	..	25
Private Doctors	..	..	12
Hospitals and Other Clinics	..	..	2
Chief Education Officer	..	..	1
Children's Officer	..	..	1
Juvenile Court	..	..	4
Schools	..	..	2

### Problems—

Personality Problems and Nervous Disorders	..	11
Habit Disorders	..	9
Behaviour Disorders	..	13
Education Difficulties	..	9
Juvenile Courts	..	4
Placement	..	1

### How Dealt With—

Advice	..	5
Psychiatric Treatment	..	6
Psychiatric Treatment and Coaching	..	—
Supervision	..	6
Withdrawn before completion	..	4
Transferred to Lady Chichester Hospital (Out-Patient Clinic)	..	1
Transferred to Maudsley Hospital	..	1
Placed in Special Schools	..	2

In addition, 12 cases from the County area have been referred to the Hove Clinic and the following summary gives an indication of the work involved :

### Psychiatrists—

Diagnostic Interviews	..	46
Treatment Interviews	..	403

### Educational Psychologist—

Diagnostic Interviews	..	82
Coaching Interviews	..	112
Tests in School	..	2
School Visits	..	34

### Psychiatric Social Worker—

Interviews in Clinic	..	427
School Visits	..	15
Home and Other Visits	..	233

## SPEECH THERAPY, 1958.

Type of Defect	Discharged		Under Treatment		TOTAL
	Im- proved	Not Im- proved	Im- proved	Not Im- proved	
Stammer ..	4	—	15	—	19
Dyslalia ..	23	1	36	—	60
Nasality ..	—	—	3	—	3
Sigmatism ..	7	1	11	—	19
Delayed Speech	2	—	10	—	12
Cleft Palate ..	2	—	1	—	3
Other defects ..	—	—	2	—	2
	38	2	78	—	118

Number of cases under treatment in January 1958	..	41
New cases referred during the year	.. ..	50
Number of cases discharged	.. ..	39
Total number treated	.. ..	121
Number of Clinic Sessions	.. ..	355
Number of Visiting Sessions	.. ..	—
Attendances	.. ..	1822
Number waiting in December 1958	.. ..	16

# TABLE V.

## DENTAL INSPECTION AND TREATMENT.

Carried out by the Authority.

(1)	Number of pupils inspected by the Authority's Dental Officers :			
	(a)	At Periodic Inspections	.. ..	4132
	(b)	As Specials	.. ..	1020
		Total (1)	..	<u>5152</u>
(2)	Number found to require treatment			3458
(3)	Number offered treatment			2516
(4)	Number actually treated			1627
(5)	Attendances made by pupils for treatment			5664
(6)	Half days devoted to :			
		Periodic (School) Inspections		26
		Treatment	.. ..	974
		Total (6)	..	<u>1000</u>
(7)	Fillings	Permanent Teeth	..	2576
		Temporary Teeth	..	556
		Total (7)	..	<u>3132</u>
(8)	Number of teeth filled	Permanent Teeth	..	2198
		Temporary Teeth	..	528
		Total (8)	..	<u>2726</u>
(9)	Extractions	Permanent Teeth	..	743
		Temporary Teeth	..	1736
		Total (9)	..	<u>2479</u>
(10)	Administration of general anaesthetics for extraction			976



**TABLE V (Contd.)**

(11) ORTHODONTICS :

(a)	Cases commenced during year	..	8
(b)	Cases carried forward from previous year		3
(c)	Cases completed during year ..	..	6
(d)	Cases discontinued during year	..	1
(e)	Pupils treated with appliances	..	8
(f)	Removable appliances fitted ..	..	6
(g)	Fixed appliances fitted ..	..	2
(h)	Total attendances ..	..	64

(12) Number of pupils supplied with artificial dentures .. 12

(13) Other operations :

Permanent Teeth	..	..	..	1308
Temporary Teeth	..	..	..	304
Total (13)				2005





